

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

35420

1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall (No.)

File No.

Registered No. 161

St. Ward)

2. FULL NAME Albert Lamphkin

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE Col5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Marshall in Lamphkin
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1899

7. AGE

YEARS 38MONTHS 8DAYS 10If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farming9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.on Farm10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Miami
Saline Co. Mo.

MOTHER FATHER

13. NAME Sam Lamphkin14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Miami
Saline Co. Mo.15. MAIDEN NAME Lizzie Moore16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Miami
Mo.17. INFORMANT Henry L. Lamphkin
(ADDRESS) Miami, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miami, Mo. DATE 9-29 193719. UNDERTAKER F. D. Ferguson
(ADDRESS) Marshall20. FILED 9-27 1937 Mary Kent
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 193722. I HEREBY CERTIFY, That I attended deceased from
held inquest, 1937, to Sept 26, 1937Last seen alive X, 1937 Death is saidto have occurred on the date stated above, at 4:42m.

The principal cause of death and related causes of importance were as follows:

taking strychnine
Poison by his own
hand with suicidal
intent

Other contributory causes of importance:

Name of operation none Date of XWhat test confirmed diagnosis? X Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 9/26, 1937Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. C. Bradshaw, M. D.(Address) Brookwood Mo.Brookwood Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

